This report is an EXCERPT from the:

Iowa Criminal and Juvenile Justice Plan

1998 *Update*

Restorative Justice

Community Policing

Electronic Monitoring System

Substance Abuse Treatment

Probation Entries To Prison

Prison Population Forecast

UPDATED! - SEE PUBLICATIONS -RECENT REPORTS

Intermediate Criminal Sanctions Plan

Equality In The Courts
Task Force

Sentencing Reform

Juvenile Justice Comprehensive Strategy

CJJP Division of Criminal & Juvenile Justice Planning lowa Department of Human Rights

February, 1998

Iowa Criminal and Juvenile Justice Plan -- 1998 Update

ABOUT THE REPORT

Pursuant to Iowa Code 216A, subchapter 9, CJJP is required to issue an annual report containing long-range systems goals, special issue planning recommendations and research findings. CJJP's 1998 response to its reporting requirement is replicated in the manner of the distribution of the 1997 Update. Again this year, CJJP is issuing one large document which contains many separate reports. Single-issue 1998 Update reports will be made available based on reader interest and need.

Having utilized this disseminating approach of CJJP research and reports in 1997, it proved to be cost effective and responsive to the planning activities and information needs of Iowa's policy makers, justice system officials and others.

On the cover of this document is a listing of various topics that are the subject of separate CJJP reports issued in February 1998. To receive other 1998 reports, please contact CJJP as indicated below.

Through the oversight of both the Iowa Juvenile Justice Advisory Council and the Iowa Criminal and Juvenile Justice Planning Advisory Council, CJJP staff are engaged in a variety of research, data analysis, program and policy planning and grant administration activities. Annually, these two advisory councils review long- range justice system goals and identify current issues of concern to be addressed through CJJP's research and planning activities.

Reports on the issues listed below are being issued through CJJP's 1998 Update and are the result of the planning activities of the Iowa Criminal and Juvenile Justice Planning Advisory Council (CJJPAC) and the Iowa Juvenile Justice Advisory Council (JJAC). A number of this year's reports contain council recommendations. Please note these recommendations were approved by CJJPAC.

- Restorative Justice
- Community Policing
- Electronic Monitoring System
- Substance Abuse Treatment
- Probation Entries to Prison
- Prison Population Forecast
- Intermediate Criminal Sanctions Plan
- Equality in the Courts Task Force
- Sentencing Reform
- Juvenile Justice Comprehensive Strategy

Note: Several of the study issues contain information on the various initiatives being conducted in Iowa's eight judicial districts. A map of these districts is located in Appendix A of this report. This map will accompany those individual reports where a judicial district is identified within its contents.

A number of CJJP staff were involved in the research and writing of the reports being issued through this 1998 Update. Primary authorship or significant contributions were as follows:

Richard Moore: CJJP Administrator

Clarence Key, Jr.: "Restorative Justice"

"Community Policing"

"Electronic Monitoring System" "Substance Abuse Treatment"

"Intermediate Criminal Sanctions Plan"
"Equality in The Courts Task Force"

"Sentencing Reform"

Lettie Prell: "Probation Entries to Prison"

"Prison Population Forecast"

Laura Roeder: "Prison Population Forecast"

The state prison population forecast was made possible through partial funding by the U.S. Department of Justice, Bureau of Justice Statistics and their program for State Statistical Analysis Centers. Points of view or opinions expressed in this report are those of the Division of Criminal and Juvenile Justice Planning, and do not necessarily reflect official positions of the U.S. Department of Justice.

TO RECEIVE ADDITIONAL CJJP 1998 UPDATE REPORTS

Reports on the issues listed on the previous page can be obtained by contacting CJJP:

Division of Criminal and Juvenile Justice Planning

Iowa Department of Human Rights
Phone: 515-242-5823
Lucas State Office Building
Des Moines, Iowa 50319
Phone: 515-242-6119
email: cjjp@max.state.ia.us

AVAILABILITY OF RELATED REPORTS:

The following CJJP reports are being released at this time separately from the Plan Update. To receive copies of the below listed reports, contact CJJP as described above.

- "Delinquency Resource Guide", Dave Kuker, CJJP, 1998
- "Juvenile Crime Prevention Community Grant Fund Program", Dave Kuker, 1998

MULTI-YEAR GOALS

INTRODUCTION

Iowa Code Section 216A.135 requires the Criminal and Juvenile Justice Planning Advisory Council (CJJPAC) to submit a long-range plan for Iowa's justice system to the Governor and General Assembly every five years. The first plan developed after the creation of the Division of Criminal and Juvenile Justice Planning was issued in 1990 and annually updated through 1994. Since 1992, appropriation law has required the CJJPAC to coordinate their planning activities with those of the Iowa Juvenile Justice Advisory Council (JJAC).

In 1995, these two councils developed a new plan consisting of a set of long-range justice system goals to assist policy makers and justice system practitioners as they plan and operate the justice system through the next twenty years. The statutory mandate for such long-range planning requires the identification of goals specific enough to provide guidance, but broad enough to be of relevance over a long period of time. The long-range goals adopted by these councils cover a wide variety of topics and attempt to offer a framework within which current practices can be defined and assessed. Collectively, these long-range goals are meant to provide a single source of direction to the complex assortment of practitioners and policy-makers whose individual concerns and decisions, collectively, define the nature and effectiveness of Iowa's justice system.

The twenty-year goals established in 1995 will be reviewed throughout the councils' statutorily defined five year planning period. They are presented again this year and will continue to be repeated until the councils' next five-year plan is due in the year 2000 or until their direction is deemed inappropriate or unnecessary. The goals presented and discussed below are meant to facilitate analyses and directions for the following areas of justice system issues and concerns:

PLANNING AREAS:

- VIOLENCE REDUCTION AND CRIME PREVENTION
- PUBLIC CONFIDENCE IN THE JUSTICE SYSTEM
- MINORITY OVERREPRESENTATION IN THE JUSTICE SYSTEM
- COORDINATION OF GOVERNMENT RESPONSIBILITIES AND SYSTEM **OPERATIONS**
- INFORMATION SYSTEMS -- PLANNING AND MONITORING
- **TECHNOLOGY**
- SANCTIONS, SUPERVISION, TREATMENT AND SERVICES FOR ADULT **OFFENDERS**
- SANCTIONS, SUPERVISION, TREATMENT AND SERVICES FOR JUVENILE **OFFENDERS**

To update the 1995 Plan, the CJJPAC and the JJAC directed staff to conduct new research and continue several initiatives during 1998. Following the review of the many studies, planning efforts, policy debates and other developments now underway in Iowa's justice system, the following concerns and initiatives were selected as most appropriate for the development of 1998 reports and recommendations:

1998 REPORTS:

Promising Approaches in dealing with Criminal Offenders

Restorative Justice Community Policing Electronic Monitoring System

Study Issues

Substance Abuse Treatment Probation Entries to Prison Prison Population Forecast

Systemic Planning and Development Activities/Updates

Intermediate Criminal Sanctions Plan
Equality in the Courts Task Force/Criminal Issues Committee/
Disproportionate Incarceration Rate of African Americans
Sentencing Reform
Juvenile Justice Comprehensive Strategy

Concerns and developments within these areas are considered by the councils to be of particular importance to the planning and administration of the justice system over the next several years. Much attention is being devoted to these areas, and it is the councils' hope that the information presented in this report will be of help as they and others continue to plan and implement system improvements around these areas.

LONG-RANGE JUSTICE SYSTEM GOALS FOR IOWA

No single goal adopted by the CJJPAC and the JJAC and presented below is meant to take precedence over another. Just as the justice system is a complex system of many interrelated and overlapping components, these long-range goals should be viewed collectively as complementary to each other. In developing this plan, the CJJPAC and the JJAC determined that such interrelated goals should be established to guide decision-making in the following issue areas:

VIOLENCE REDUCTION AND CRIME PREVENTION

GOAL: TO ESTABLISH IOWA AS THE STATE WITH THE LOWEST VIOLENT AND PROPERTY CRIME RATES IN THE NATION.

Achieve and maintain this status by preventing crime and reducing crime levels through:

- Community-specific crime prevention and early intervention leadership, plans and activities involving public officials, service organizations and community coalitions to address:
 - DOMESTIC VIOLENCE
 - ♦ CHILD ABUSE
 - ♦ SUBSTANCE ABUSE
 - **♦** TEEN PREGNANCY
 - ♦ PARENTING SKILLS AND FAMILY STABILITY
 - ♦ CITIZEN AND NEIGHBORHOOD EMPOWERMENT
 - ♦ TRUANCY AND DROPOUTS
 - ♦ MENTAL HEALTH SERVICE NEEDS
 - ♦ CRIMINAL GANG ACTIVITIES AND YOUTH PARTICIPATION IN GANGS
 - ♦ UNEMPLOYMENT
 - ECONOMIC OPPORTUNITIES
 - ◊ ILLITERACY
 - ♦ HOMELESSNESS
- Coordination of state, county and local law enforcement efforts that assures an appropriate sharing of costs, resources and intelligence information for crime prevention, criminal investigations and the apprehension of law violators.
- Defining, structuring, implementing and evaluating a continuum of sanctions and an array of services for adult offenders, delinquents and their families in their home communities that promote law-abiding behavior, family stability and community responsibility.
- Defining, structuring, implementing and evaluating monitoring practices that manage the risks presented by those delinquents and adult offenders providing community service and restitution or receiving community-based sanctions, education, training or counseling.
- Defining, structuring, implementing and evaluating a limited number of secure and other highly structured treatment facilities for a targeted group of delinquents selected according to their need for specialized services and their risk of reoffending.
- Developing and implementing policies and practices that assure the availability of jail and prison space to incapacitate habitual serious offenders and violent criminals.

PUBLIC CONFIDENCE IN THE JUSTICE SYSTEM

GOAL: TO ESTABLISH STRONG PUBLIC OPINION THAT THE JUSTICE SYSTEM IS OPERATING EFFICIENTLY AND EFFECTIVELY.

Public opinion could be affected through:

- Visible enhancement of efforts to improve system efficiency and effectiveness.
- Acknowledgment and acceptance of a responsibility to educate the public (by elected officials, system practitioners, the media and others) of the inherent limitations of a system largely designed to react to individual's and society's problems and shortcomings.
- Better identification, documentation and reporting of effective policies, programs and sanctions.
- Increased likelihood of sanctions that hold offenders accountable and provide restitution to their victims and their communities.
- Increased likelihood of sanctions and offender programming, services and treatment that reduce repeat offending.
- Statewide consensus on appropriate sentence lengths, terms of imprisonment and the retributive and punitive nature of other sanctions.
- Increased citizen participation in the system through community and neighborhood crime prevention groups, use of volunteers in system agencies, and public participation in the development and review of system policies and activities.
- Better reporting and increased awareness of actual volume and nature of crime in Iowa.
- Increased victim supports and participation in the system.

MINORITY OVERREPRESENTATION IN THE JUSTICE SYSTEM

GOAL: TO HAVE ALL ASPECTS OF THE JUSTICE SYSTEM FREE OF BIAS, PERCEIVED BIAS AND DISPARATE TREATMENT OF OFFENDERS, VICTIMS OR WITNESSES.

Bias within the justice system has been documented or has been perceived to exist throughout system components and proceedings. Elimination of bias and the perception of bias can be sought through:

- Increased citizen participation in the system through community and neighborhood crime prevention groups, use of volunteers in system agencies and public participation in the development and review of system policies and activities.
- Increased public awareness of system policies, practices, operations and limitations.
- Appropriate and ongoing training of system officials and agency personnel.
- Development and strengthening of state, local and agency policies and practices that assure equality in offenders' and alleged offenders' exposure and access to the justice system's many and varied types of procedures, sanctions, levels of supervision, services and treatment.
- Development of supervision approaches, treatment programs and other services culturally and environmentally specific and appropriate to meet the needs of persons with diverse cultural backgrounds and life-styles.
- Recruitment and retention of minority persons in all levels of employment and volunteer activities throughout the justice systems.
- Identification and monitoring of statewide, local and agency-specific indicators of bias to enhance public awareness.
- Demonstration of efforts to eliminate bias in the justice system as a model for improving other social systems and institutions (e.g. education, child welfare, employment services, income assistance, substance abuse, mental health, economic development, etc.) whose effectiveness affects the size and nature of the justice system's case load.

COORDINATION OF GOVERNMENT RESPONSIBILITIES AND SYSTEM OPERATIONS

GOAL: TO ESTABLISH COMMUNITY-LEVEL PLANS AND ACTIVITIES THAT ASSURE EQUITABLE AND VIABLE JUSTICE SYSTEM SANCTIONS AND SERVICES THROUGH STATE POLICIES THAT PROMOTE EFFICIENT AND EFFECTIVE:

- DISTRIBUTION OF RESPONSIBILITIES AMONG LOCAL, COUNTY, STATE, EXECUTIVE AND JUDICIAL BRANCHES OF GOVERNMENT;
- COORDINATION OF ALL COMPONENTS OF THE CRIMINAL AND JUVENILE JUSTICE SYSTEM; and,
- COORDINATION AMONG THE JUSTICE SYSTEM AND OTHER SOCIAL AND GOVERNMENTAL SYSTEMS AND INSTITUTIONS.

The list found below describes justice system components and responsibilities with interrelated purposes. The responsibilities for funding, administering and otherwise overseeing these components are now spread among the various branches and units of government. No readily visible, unifying principles or mandates assure their integration. Decisions may be made within one component that have a major impact on other components, but such impact may be either unforeseen or not planned for. Such a lack of coordination may occur at both the specific-case level and within local, regional and state level planning and policy development activities.

The funding and operational responsibilities for some of these components are currently undefined. For others, responsibilities may be shared to varying degrees by a number of governmental units. Still others may be administered unilaterally within narrow applications of component-specific mandates. Justice system components:

- Crime Prevention Programs and Services
- Early Intervention Programs and Services
- Law Enforcement
- Prosecution
- Defense
- Adjudication, Sentencing and Dispositions
- Victim Services
- Delinquency Intake and Waiver Proceedings
- Juvenile Diversion Programs and Services
- Juvenile Detention
- Case Management and Community Supervision of Delinquents

- Placement & Non-placement Programs and Services for Delinquents
- Adult Offender Diversion Programs and Services
- Pre-trial Release Procedures, Programs and Services
- Pre-trial Confinement in Jails and Lockups
- Case Management and Community Supervision of Adult Offenders
- Community-based Programs and Services for Adult Offenders
- Jails and [sentenced] Inmate Programming and Services
- Prisons and Inmate Programming and Services
- **Probation Revocation Procedures**
- Prison, Probation and Jail Release Procedures
- Parole Revocation Procedures

The decision-makers and various operational activities within some components of the justice system are, in many ways, the same for the criminal justice system and the juvenile justice system (e.g. crime prevention, law enforcement, prosecution, etc.). Many policies and components of the justice system, however, are unique to one or the other of these two related systems. Achieving the coordination of all components of the justice system will require additional intergovernmental and multi-agency efforts to plan and manage the interaction of programs and policies within and between the criminal and the juvenile justice systems.

Both the criminal and the juvenile justice systems rely to a great extent on the resources and programs of other social and governmental systems and institutions to provide treatment and other services to offenders and victims and to support agency operations. Also, the justice system often intervenes in situations involving interactions among other systems' programs, services and clients. Equally important as a coordinated justice system is a justice system whose policies and practices are coordinated with the policies and practices of other governmental systems, including:

- Education
- Public Health
- Mental Health, Mental Retardation and Developmental Disabilities
- Civil Rights
- **Employment & Job Training**
- Substance Abuse
- Public Welfare
- Child Abuse and Neglect

It is at the community level where system inefficiencies and ineffectiveness are most visible, and it is at the community level where the best chance exists for achieving true coordination of activities. State and county policies controlling funding, programs and operations should empower communities to develop and support coordinated approaches that are efficient and effective and that are consistent with the statewide goals of assuring equitable and viable justice system sanctions and services. Officials and agencies should be given the authority, responsibility and resources to accomplish these goals at the community level.

INFORMATION SYSTEMS—PLANNING AND MONITORING

GOAL: TO ESTABLISH INTEGRATED JUSTICE SYSTEM INFORMATION REPORTING CAPABILITIES AND PROCEDURES THAT PROVIDE PRACTITIONERS, OFFICIALS AND POLICY MAKERS WITH THE INFORMATION THEY NEED TO CARRY OUT THEIR RESPONSIBILITIES AND TO MONITOR AND EVALUATE JUSTICE SYSTEM POLICIES AND PROGRAMS.

Information systems to more fully develop, improve and integrate:

- Incident-Based Uniform Crime Reports
- Criminal History Records
- Prosecution Activities and Outcomes
- Iowa Court Information System
- Department of Corrections Information Systems
- Department of Human Services Information Systems Division of Substance Abuse and Health Promotion Information **Systems**
- Other

Information needed from data systems:

Case-specific data for:

- Investigations and arrests
- Background checks
- Release/custody decisions
- Adult court charging and sentencing decisions
- Juvenile court intake and disposition decisions
- Supervision, service and treatment planning and monitoring
- Program and service eligibility determinations
- Other

State, local and program-specific aggregate data for:

- Budget development and resource allocation
- Policy & program evaluation and monitoring
- Other

TECHNOLOGY

GOAL: TO UTILIZE ADVANCED TECHNOLOGIES THAT MAXIMIZE EFFICIENCY, SUPPORT PROGRAM AND POLICY EVALUATIONS AND PROMOTE EFFECTIVE AND EQUITABLE JUSTICE, SERVICES, AND PUBLIC PARTICIPATION.

System operations include:

- Investigation and discovery
- Court proceedings
- Incarceration and detention
- Offender supervision, services and treatment
- Fine assessment and collection
- Victim services and treatment
- Mediation services
- Witness assistance
- Jury selection and support
- Community crime prevention and public participation
- Administration, planning, evaluation and monitoring
- Other

Advanced technology areas:

- Data collection, management and reporting
- Communications
- Transportation
- Forensics
- Surveillance, monitoring and supervision
- Crime prevention through environmental design
- Office and facility operations
- Planning and evaluation methodology
- Education and training for:
 - ♦ offenders
 - system officials and practitioners
 - ♦ citizen groups and general public

SANCTIONS, SUPERVISION, TREATMENT, AND SERVICES FOR ADULT OFFENDERS

GOAL: TO ADMINISTER SANCTIONS, SUPERVISION, TREATMENT AND SERVICES FOR ADULT OFFENDERS THAT ARE EQUALLY ACCESSIBLE AND APPLIED CONSISTENTLY ACROSS THE STATE AND THAT HAVE BEEN DOCUMENTED AS EFFECTIVE IN THEIR ABILITY TO:

- DETER OFFENDERS AND POTENTIAL OFFENDERS FROM ENGAGING IN FUTURE CRIMINAL BEHAVIOR;
- PROTECT THE PUBLIC AND MANAGE OFFENDER RISKS IN A COST EFFECTIVE MANNER USING LEAST RESTRICTIVE, APPROPRIATE MEASURES;
- PROVIDE ADULT OFFENDERS WITH THE REQUIREMENT AND OPPORTUNITY TO MAKE REPARATION TO THEIR VICTIMS; and,
- PROVIDE ADULT OFFENDERS THE OPPORTUNITY TO MAINTAIN, REGAIN OR ACHIEVE THE CAPACITY TO REMAIN IN, OR RETURN TO, THE GENERAL POPULATION AS LAW ABIDING, CONTRIBUTING CITIZENS.

Achieving this goal will involve the continuation or development of a variety of activities and initiatives:

- Determining the relative deterrent effects of sanctions with different conditions, intensities and time periods (jail, prison, probation monitoring and programming, intensive supervision, community service, fines, etc.) and determining how such deterrent effects vary for people with different backgrounds, education and skill levels, impulse control and rational-thinking capacities, ties to family and community, etc.
- Establishing or strengthening risk assessment and risk management procedures for all stages of justice system decision-making.
- Defining, structuring and supporting the use of intermediate sanctions and improving offender assessment and monitoring tools to help court, parole, and correctional officials select and provide sanctions, supervision, treatment and other services that are appropriate to offenders' needs and the public safety risks they present.

- Ongoing review and improvement of the ability of prisons and jails to serve as deterrents, to incapacitate habitual repeat offenders and violent predators, and to provide treatment and services needed by incarcerated offenders who will be returning to the general population to increase their skills and capacities to be law abiding, contributing citizens.
- Expanding current capacity to evaluate the effectiveness of sanctions, supervision and monitoring procedures, offender treatment and other services.
- Enhancing prison and jail work programs to provide inmates with income with which to make restitution, and strengthening community-based programs' activities to facilitate offender restitution, community service and other forms of victim/community reparation.
- Providing initial, ongoing and coordinated training for the system's many officials and practitioners to facilitate system improvements and to encourage more effective integration of system components.

SANCTIONS, SUPERVISION, TREATMENT AND SERVICES FOR JUVENILE OFFENDERS

GOAL: TO ADMINISTER SANCTIONS, SUPERVISION, TREATMENT AND SERVICES FOR JUVENILE OFFENDERS THAT ARE EQUALLY ACCESSIBLE ACROSS THE STATE AND THAT HAVE BEEN DOCUMENTED AS EFFECTIVE IN THEIR ABILITY TO:

- DETER JUVENILE OFFENDERS AND POTENTIAL OFFENDERS FROM ENGAGING IN FUTURE CRIMINAL BEHAVIOR;
- PROTECT THE PUBLIC AND MANAGE OFFENDER RISKS IN A COST EFFECTIVE MANNER USING LEAST RESTRICTIVE, APPROPRIATE MEASURES;
- PROVIDE JUVENILE OFFENDERS WITH THE REQUIREMENT AND OPPORTUNITY TO MAKE REPARATION TO THEIR VICTIMS; and,
- ASSURE THAT JUVENILE OFFENDERS RECEIVE THE PROTECTION, TRAINING, DISCIPLINE, BASIC LIVING NECESSITIES AND CARE AND TREATMENT GUARANTEED ALL CHILDREN IN IOWA.

Achieving this goal will involve the continuation or development of a variety of activities and initiatives:

- Determining the relative deterrent effects that sanctions with different conditions, intensities and time periods have on children and youth (group placement and treatment facilities, State Training School, probation monitoring and programming, intensive supervision, community service, restitution, waivers to adult court, etc.) and determining how such deterrent effects vary for children and youth with different backgrounds, education and skill levels, impulse control and rational-thinking capacities, ties to family and community, etc.
- Establishing or strengthening risk assessment and risk management procedures for all stages of juvenile justice system decision-making.
- Defining, structuring and supporting the use of a range of community-specific early intervention services and dispositional options and improving assessment and monitoring tools to help the court and human service officials select and provide supervision, treatment and other services to juveniles and their families that are

- least restrictive and appropriate to the needs of juvenile offenders and to the public safety risks they present.
- Expanding current capacities to evaluate the effectiveness of sanctions, supervision and monitoring procedures, treatment and other services to juveniles and their families.
- Strengthening efforts in cases involving both placement and non-placement supervision and services to facilitate restitution, community service and other forms of victim/community reparation.
- Developing policies, procedures and funding approaches that allow for offender-specific continuity between the juvenile justice and adult correctional systems of supervision, treatment and services.
- Providing initial, ongoing and coordinated training for the system's many officials and practitioners to facilitate system improvements and to encourage more effective integration of system components.
- Providing training to community members to assist them identify community risks and protective factors related to juvenile delinquency, and to aid their efforts to reduce risks, strengthen protective factors, prevent juvenile crime and respond appropriately to the needs of their children and youth.

HOW CAN THESE GOALS BE ATTAINED?

As was stated when these goals were first introduced, many officials, practitioners and others will need to agree with these goals and work towards them cooperatively. This report, however, is primarily intended to serve as a guide to the Governor and General Assembly as they continue to respond to proposals and to develop initiatives to address immediate justice system issues and concerns. The goals were developed in recognition of much-publicized concerns and debates over crime and delinquency; they are offered to provide the state with a long-range vision with which to view the appropriateness of proposed reactions to current concerns.

When these goals were first established in 1995, it was recommended that no justice system policy or program change be made without a documented consideration of the extent to which the change will assist, and not hinder, the state's ability to attain these long-range goals. Because this has not occured, the above information accompanying each goal statement is repeated again this year with the hope that it will assist decision makers as they seek funding priorities and policy and program initiatives to achieve comprehensive, long-term system improvements and a more effective criminal and juvenile justice system.

STUDY ISSUE SUBSTANCE ABUSE TREATMENT

It has been well documented that a majority of criminal offenders in Iowa's criminal justice system have had problems with substance abuse. Offenders have indicated that at the time of their arrest, they were either using illegal substances on a somewhat regular basis or had been using substances at some point in their recent past.

Criminal justice practitioners have noted that there appears to be a direct correlation between illegal substance usage by offenders and criminal activity. Generally, offenders who are documented with having substance abuse problems are evaluated and recommended for substance abuse treatment. Usually, offenders on probation or parole are required, as part of their release agreement, to undergo substance abuse treatment. Failure to comply with the treatment requirement can result in revocation. Incarcerated offenders who have substance abuse problems may receive substance abuse treatment while in prison.

Substance abuse treatment for offenders is oftentimes made available within the locales in which they reside. Each of the eight judicial district departments of correctional services utilizes various area substance abuse treatment and evaluation services for its offenders. Upon evaluation, a recommended treatment modality is developed for the offender. Commonly, offenders will receive outpatient treatment. In those instances where an offender is in need of a more intensive approach, inpatient residential treatment may be recommended. Usually, such offender inpatient residential treatment placements are made either as part of their release agreement and/or are court-ordered. There are those instances where offenders will voluntarily admit themselves for the inpatient treatment. The length of stay for inpatient treatment is anywhere from 30 to 60 days. Upon discharge, further treatment may be provided on an outpatient basis.

It should be noted that the funding used to pay for most community-based substance abuse services typically is not a part of the budgets of either the Department of Corrections (DOC) or the Judicial District Departments of Correctional Services. Rather, most such outpatient and residential services programs are supported with the same state and federal funds that are available to provide substance abuse treatment to the state's general population. Funding for prison based treatment, on the other hand, is directly administered by DOC.

It also can be noted that, generally, criminal justice clients receive substance abuse treatment within the community along with non-criminal justice persons. Over the years, providers have indicated a reluctance to treat criminal justice clients within the same treatment program that serves individuals who have no justice system involvement. Providers have reported that the criminal justice client is oftentimes highly resistive to treatment and disruptive to the treatment progress of others. While this perspective may have merit, many criminal justice clients continue to receive treatment along with treatment clients from the general public.

This report will briefly describe the substance abuse services provided in Iowa's prisons and will also describe certain characteristics of substance abuse services provided to offenders while under community supervision.

Substance Abuse Treatment Services in Iowa's Prisons

Iowa Medical and Classification Center

In 1993-94, a research and demonstration project undertaken by the Iowa Department of Corrections, the Iowa Department of Public Health (IDPH), the Mid-Eastern Council on Chemical Abuse (MECCA) and CJJP led to the establishment of a centralized substance abuse assessment unit at the Iowa Medical and Classification Center (IMCC). The goal was to assess and refer inmates to the appropriate resource within the correctional system and to recommend the type of community services that might be appropriate at the time of discharge. MECCA and IMCC staff visited each of the treatment programs in Iowa's correctional institutions to understand both treatment needs and resources.

An assessment tool, incorporating the levels of care criteria found in the IDPH adult placement screening tool, was developed and refined to reflect the characteristics of the prison population, the treatment available and to identify needed treatment options. The assessment information that is now being collected at this stage of an offender's processing can be used to increase the continuity of services an offender receives as they move through the different institutional and community-based settings of the correctional process.

In addition to providing treatment recommendations for individual inmates, the program collects demographics and substance-related information, such as substances used, prior treatment admissions and use-related arrests, making it possible to evaluate aggregate treatment needs and other areas of concern system wide. Presently, MECCA employs five assessment counselors who work at IMCC.

It should be pointed out that IMCC inmates also receive extensive medical, educational and psychological testing plus a reception interview from IMCC staff. The information gathered from the substance abuse assessments provides additional information used by the IMCC staff as they determine inmates' risk levels, security, treatment and programming needs.

Anamosa State Penitentiary (ASP)

The institution has three substance abuse treatment programs as well as Alcoholics and Narcotics Anonymous group meetings to serve its approximate 1400 inmates.

Anamosa Licensed Treatment Alternative (ALTA) is a licensed* substance abuse
program. The program is approximately three months in length and involves 220 hours
for completion. It is an intensive outpatient program and is very group oriented.
Inmates are selected to participate in this program based primarily on the following
factors: parole board recommendation for treatment, inmate acknowledging a substance
abuse problem, and a MECCA assessment indicating treatment or a psychological

evaluation indicating that there is a substance abuse problem. In addition, institutional adjustment including serious disciplinary reports in the last six months and whether or not the inmate is eligible for release in two years is taken into consideration.

NOTE: * "Licensure/Licensed" means the issuance of a license by the Iowa Department of Public Health, Division of Substance Abuse and the Commission on Substance Abuse which validates the licensee's compliance with the substance abuse program licensure standards and authorizes the licensee to operate a substance abuse treatment program in the state of Iowa.

> The substance abuse treatment services highlighted in this report, the Mid-Eastern Council on Chemical Abuse (MECCA) and the Center for Alcohol and Drug Services, Inc. (CADS), are also licensed by the Iowa Department of Public Health, Division of Substance Abuse and the Commission on Substance Abuse.

- Anamosa's Generalist Program consists of a drug abuse counselor providing hourly groups to a portion of the general inmate population. Inmates who complete ALTA are referred to this program for aftercare. The Anamosa State Penitentiary Information Network (ASPIN) is used for this program. The network allows inmates to view substance abuse programming in their cells and then complete homework assignments and report to the generalist counselor. Topics covered by the counselor include drugs and priorities, parenting and substance abuse, substance abuse issues and awareness, design for living, a cocaine group, lifestyles and addictions stress and human potentials.
- The Luster Heights Minimum Security Facility, which is operated by ASP, has the Luster Heights Substance Abuse Program (LHSAP). This program is also a licensed outpatient program. Inmates who participate in this program are inmates in minimum liveout custody status and do not require housing in a walled or fenced environment. It is a 90 day program and 120 hours are required for completion. Inmates are selected to enter this program based on their custody level of minimum live out, their designation as needing substance abuse treatment and the MECCA assessment, psychological evaluation and correctional counselor evaluations. The program consists of group counseling, individual counseling and computer assisted programming.

Clarinda Correctional Facility

The licensed substance abuse program utilized here is The Other Way (TOW). TOW is a correctional residential substance abuse program. It presently has 15 full time counselors who provide comprehensive substance abuse rehabilitation to nearly 240 inmates on three, 80 bed dedicated treatment living units within the institution. It is a voluntary six month intensive program.

The program works with inmates to identify the causes of their addictive behaviors and encourages changes in both thinking and behavior to stop socially unacceptable behaviors. Treatment includes daily group therapy, social skills classes and periodic individual

sessions. Inmates who are in treatment but are also identified in need of assistance in other areas may participate in educational classes (GED, special education and adult basic education), domestic abuse/assault Batterers Education Programming and vocational counseling.

Iowa State Penitentary (ISP), John Bennett Correctional Center, Farm #1 and Farm #3 ISP's substance abuse program is Project TEA (Treatment, Education and Awareness). The Education/Awareness section of the program is the entry level of Project TEA. All custody level inmates may participate. It has 24 classes which are conducted over approximately a 12 week period. Groups are held twice weekly. The purpose is to assist an inmate identify the negative impact his use of mood altering chemicals has had on his life and the lives of others around him. Specific substances are covered, in addition to subjects such as denial, dual diagnosis and recovery. Inmates are referred to the Education/Awareness section by the classification committee, caseload counselors, Iowa Board of Parole, IMCC and other agencies.

Those inmates who have completed Education/Awareness and who are amenable to treatment, are selected by institution treatment staff to participate in the outpatient treatment program offered at the John Bennett Correctional Center. This is a 26 week program and meets two hours per day five days per week. A monthly pre-release program offers substance abuse information to those inmates scheduled for release via parole, work release or discharge of sentence. Additional pre-release programming is made available to inmates who participate in the Treatment phase of Project TEA.

Iowa Correctional Institution for Women

The women's institution's licensed substance abuse program is the Recovery Program. It is a 15 week residential substance abuse program. Group meetings are held six days a week and the women meet with their individual counselors on a bi-weekly basis. There is a criminality component and sexual abuse survivor's group as part of the program. Each component deals with issues resulting from their substance abuse. Inmates meet with their counselors to develop a comprehensive treatment plan. Inmates are also able to attend GED classes while in treatment.

Mount Pleasant Correctional Facility

The current substance abuse program at this facility is divided in two levels. Level I is the Drug and Alcohol Awareness (DAA). Level II, Therapeutic Community Program (TCP) is the treatment programming unit. Each level is a sixteen week program. All inmates are involved in an initial one week orientation phase. It is at this time, based on their needs, that they will be placed in DAA or TCP. DAA involves 110 hours of educational services. Inmates must attend at a minimum eight hours of weekly social skills, drug and alcohol classes and weekly living unit meetings. TCP consists of individual, group and vocational counseling.

In addition, career awareness, confrontation groups, values clarification, problem-solving and drug and alcohol information activities are provided.

Newton Correctional Facility

Treatment services are available to minimum and medium security inmates at this institution. Minimum security treatment is provided through its Violator Program. The Violator program, established in 1993, provides probation, parole and work release offenders a 60 day intensive cognitive program as an alternative to revocation and incarceration. The program offers three treatment modalities, primary chemical dependency, relapse chemical dependency and a criminality track. These programs concentrate on getting offenders to maintain sobriety as well as improving their problem solving and decision making skills.

For the general inmate population at Newton, there is a Substance Abuse Treatment program, a 90 day program for inmates identified as being chemically dependent and who have been unable to maintain sobriety. Also provided is a Relapse Aftercare program, a four month program for inmates who have had some modicum of sobriety, but have suffered relapse problems. There is also a criminality program that concentrates on improving an inmate's problem solving and decision making skills.

In July of 1997, Newton opened a 750 bed medium security facility. The treatment services available to the medium security population include similar substance abuse treatment, relapse and criminality programs such as are available to the minimum and general population inmates.

Rockwell City North Central Correctional Facility

This institution offers the Treatment and Recovery through Education and Effort (TREE) substance abuse program. Inmates identified in need of treatment are admitted to TREE. This program is an affiliate of the Trinity recovery center (TRC) of Trinity Regional Hospital. It is a 50 day/10 week course. The program provides six hours of inmate contact per week. It focuses on five areas: addiction awareness, criminality awareness, impacts of addiction, recovery behavior and relapse prevention. TREE also conducts group therapy that specializes in positive peer feedback. In addition, TREE offers two aftercare/continuum group sessions. TREE serves approximately 100 inmates per year.

Substance Abuse Treatment in Iowa's Community-based Corrections System

Most substance abuse services provided to offenders under community-based supervision are provided by substance abuse agencies, not correctional service personnel. The client population of Iowa's providers of substance abuse services includes many persons involved in the justice system. The range of services they provide to criminal justice clients are commonly provided in the same manner that they are to other segments of the general population.

As a rule, criminal justice system officials (e.g. probation/parole officers, pre-trial supervisors, judges) require an offender to receive an evaluation or treatment services, and the substance abuse agencies respond to the offender's referral to their program by offering one or more types of services as treatment needs warrant. Their response to most justice system referrals involves basically the same process as is used for the other, non-offender clients referred to them.

Funding for substance abuse services in Iowa is currently provided through the Iowa Managed Substance Abuse Care Plan (IMSACP). This plan is a mechanism that allows for a continuum of substance abuse treatment services to be made available to Medicaideligible and non-Medicaid eligible persons who are unable to pay and/or whose lives have been damaged because of substance abuse or dependency.

The Iowa Managed Substance Abuse Care Plan is administered by the Employees and Family Resources, Inc ("efr"), a private, non-profit agency located in Des Moines. "efr" is under contract with the Iowa Department of Public Health (IDPH), Division of Substance Abuse and Health Promotion and the Iowa Department of Human Services. "efr" has, in turn, contracted with Merit Behavioral Corporation of Iowa to provide clinical and administrative services. The plan has resulted in a services panel that provides a continuum of services across the entire state.

Over 60% of all clients in IDPH-funded/"efr-" managed programs are criminal justice referrals. Generally, criminal justice clients are non-Medicaid eligible persons. Substance abuse treatment services for these persons are provided by community based_agencies under contract with "efr." These service providers are paid a fixed amount monthly, with the understanding that they will provide services to all clients referred to them.

As stated previously, many, if not most, offenders receive the same type of substance abuse service as is received by non-offenders. However, due to the large percentage of offenders in the treatment population, substance abuse agencies and community corrections officials have been working together over the years to coordinate their resources and expertise. Examples of such special programming and community collaborations can be found across the state. What follows are several such examples.

MECCA (Mid-Eastern Council on Chemical Abuse) provides comprehensive substance abuse treatment and prevention services. It serves Cedar, Iowa, Johnson and Washington counties. MECCA is an independent, non-profit corporation dedicated to the treatment and prevention of substance abuse related problems. MECCA's continuum of care includes early intervention, diagnosis, detoxification and treatment ranging from free-standing inpatient to transitional to outpatient, and continuing care. MECCA has historically collaborated with its local Department of Correctional Services. This collaboration has led to the development of several programs designed specifically for the criminal justice client. These services are available to the offender even after their legal obligations (probation, parole and incarceration) have been completed.

One product of their cooperative efforts has been the OWI program in the 6th Judicial

District Department of Correctional Services.

This OWI Program is a cooperative effort between MECCA and the 6th Judicial District Department of Correctional Services. It has been in place since November of 1992 and is designed to handle multiple offense drunk drivers. This initiative combines security and accountability with treatment that addresses the resident offender's substance abuse. District personnel and MECCA staff work together to provide the required 240 hours of treatment programming within a minimum security institutional structure.

The treatment modality for resident offenders in this program includes dealing with substance abuse issues and also explores the dynamics of the drinking driver. This program involves the resident offender and their families and offers activities such as education, individual, group and family therapy and participation in Alcoholics Anonymous.

It should be noted that for offenders who have difficulty adjusting to the structured environment of the OWI Program, a short term alternative treatment phase is available.

An offender may be transferred to this level of the program at any time in which the offender is displaying problematic behavior. While in this phase the offender will concentrate on social skills, agreement-keeping, and exploring cognitive thinking. Once the requirements of this phase are met, the offender may be returned to the regular OWI Program to complete their maximum benefits. Staff tries to prepare the offender for reentry into the community by developing community contacts and ongoing communication with other support services to assist the offender to make a successful readjustment. To date, MECCA reports that 156 criminal justice clients have been served in this program.

It should be pointed out that each of the district departments of correctional services uses DOC funds to operate OWI facilities in their communities. Often, such OWI facilities share locations with other corrections-funded residential treatment or work-release facilities. The involvement of community substance abuse treatment agencies in these OWI facilities varies among the districts.

Another treatment agency, the Center for Alcohol and Drug Services, Inc. (CADS), is, like MECCA, a publicly funded program that operates as a part of the "safety net" for clients who lack or have limited ability to pay for services. Located in the Quad-cities area, CADS serves people from both Iowa and Illinois -- a great many of whom are involved in the criminal justice system at the law enforcement, judicial or corrections levels.

Through formal and informal cooperative agreements, CADS has provided a range of services to Iowa's criminal justice population for many years. Such services include:

- Assessment and referral services for adult criminal justice clients, both onsite and in the Scott County Jail.
- Consultation with and clinical supervision of 7th Judicial District Department of Correctional Services, TASC personnel in charge of screening adult corrections clients for substance abuse.
- OWI screening and referral onsite, for clients charged with OWI I, II and III, under agreement with the 7th Judicial District Court.
- Outpatient and Day Treatment services for OWI III penitentiary inmates in Scott County under contract with the 7th Judicial District Department of Correctional Services.
- Assessment, treatment, referral and aftercare monitoring services for clients under contract with State and Federal Parole, along with the Federal Bureau of Prisons.
- Consultation and cooperation through regular joint staffings, as well as individual consultation between CADS staff, law enforcement, corrections staff and judges.

Criminal justice clients are afforded access to the same continuum of care as all clients are. CADS, either directly or through referral, provides a complete continuum of services for all clients including criminal justice referrals.

As was just described, CADS provides substance abuse related clinical supervision to a correctional program called TASC (Treatment Alternatives to Street Crime) in the 7th judicial district. Some form of the TASC program exists in each of the eight judicial districts. TASC has been in existence for many years as a tool for community corrections staff to use as they respond to substance abuse problems of offenders in pre-trial release programs and those under probation and parole supervision.

Supported by funding provided to the district departments of correctional services, TASC typically involves special correctional officers responsible for providing an assessment of the substance abuse treatment needs of offenders that other correctional officers have referred to them. They also may provide supervision and case management services to offenders with substance abuse problems, many of whom they have referred to a substance abuse agency for evaluation and/or treatment. TASC officers do not handle all offenders with substance abuse problems, but, within budget limitations, are available to assist with the more problematic cases. In each of the judicial districts, community substance abuse agencies are in some way involved with the TASC program.

In the fifth judicial district, a new pilot project has been underway for about a year to address the increasing number of offenders coming into the court system with substance abuse problems. The Polk County Drug Court is the result of a collaborative effort involving the Governor's Alliance on Substance Abuse, community corrections officials, the Court, "efr," the county attorney and others.

Its goal is to identify offenders with substance abuse problems and handle them with special procedures including evaluation and treatment components. The first year of its operation has appeared promising and a CJJP evaluation of its impact is now underway.

In an effort to address the previously-described concern over resistive criminal justice clients, five treatment service providers, along with the Department of Public Health and "efr" have recently designed a segregated residential program known as Hoptel, (a combining of the word hospital and motel) designed specifically for criminal justice clients. The providers of this new program are found at CADS in Davenport, Prairie Ridge in Mason City, Mercy Recovery Center's First Step Program in Des Moines, Pathways Behavioral Services in Waterloo and the North Central Alcoholism Research Foundation, Inc. in Fort Dodge. It has been indicated in one program so far that its successful completion rate for criminal justice clients is slightly higher than in those programs that do not segregate criminal justice clients.

Since the inception of the IMSACP, a Substance Abuse Treatment Corrections Task Force has been formed by "efr". This Task Force includes representatives of adult and juvenile justice systems, law enforcement, the judiciary, attorneys (defense and prosecutors), and substance abuse and mental health service providers. The Task Force was formed to improve the consistency with which criminal justice clients receive treatment services and to strengthen their continuing care services. The Task Force is active and meets regularly.

Comments

The introduction of managed care concepts into Iowa's administration of its substance abuse treatment funds has not been without controversy. Concerns have been raised about provider admission rates, service intensity, and completion rates. An August, 1997 evaluation conducted by the Iowa Consortium for Substance Abuse Research and Evaluation to measure the impact managed care has had on the delivery system of substance abuse treatment indicated, among its findings:

- Total admissions and outpatient admissions are increasing
- Residential admissions are declining but detox and day treatment are rising
- Days of care are declining in residential but increasing in day treatment
- Total counseling sessions are increasing but mean sessions per client are down
- Completion rates and ratings are stable.

Further, recommendations contained within the evaluation report indicated a need to continue monitoring Iowa's recent changes in its substance abuse delivery system. While the introduction of managed care apparently did not significantly alter the trends in substance abuse treatment during its initial period, long-range impact may not become

apparent for some time, and policies affecting the delivery system continue to be modified.

For many years, correctional officials and substance abuse treatment providers have been attempting to coordinate their varied interests, perspectives and resources. This report attempted to briefly identify a number of ways that innovative approaches have been in place or are surfacing in response to such coordination goals. The centralized intake assessments conducted at IMCC hold promise in their ability to help guide and coordinate the offender-specific treatment responses that go on in both prison and community settings. The TASC programs also seem to be good examples of how offenders' substance abuse problems can be monitored and addressed through a partnership between corrections and substance abuse agency staff. The types of special community-based assessment and treatment approaches that have been surfacing for the justice system client also show promise. Similarly, the ongoing work of the Treatment Corrections Task Force seems likely to assist both systems help each other more in the future.

RECOMMENDATIONS

- The Council supports efforts that are proactively attempting to coordinate the needs and resources of the substance abuse service system with those of the criminal justice system to improve the effectiveness of offender treatment.
- Further, the Council supports efforts by the Iowa Department of Corrections to continue its assessment and case planning efforts to improve the continuity and timeliness of substance abuse services for offenders moving in and out of correctional institutions, residential facilities and the community.
- The Council also encourages the monitoring of the impact of Iowa's substance abuse treatment delivery system on the availability, quality and effectiveness of substance abuse treatment to criminal offenders.